

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541896

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						1
3						1
4						3
5						3
6						3
7						1
8						1
9						1
10						1
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18					1	
19						1
20					1	
21						1
22					1	
23						1
24					1	
25						3
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50						
TOTAL IND.		↓		↓	5	↓
TOTAL DEP.	←		←		28	←
TOTAL CLAIMS					33	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←			←
TOTAL CLAIMS						